

# **LDA** Louisiana Dental Association

## ***Exhibiting and Sponsorship Form***

*Please return this form with your payment to:*

Louisiana Dental Association  
7833 Office Park Boulevard  
Baton Rouge, Louisiana 70809  
Phone: 800-388-6642 or 225-926-1986  
Fax: 800-343-3842 or 225-926-1886

COMPANY NAME \_\_\_\_\_

NAME OF CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

EVENT \_\_\_\_\_ DATE \_\_\_\_\_

A) TYPE OF SPONSORSHIP \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

B) Reserve Exhibit Space at the Annual Session (*circle one*)      YES      NO

Cost of exhibit space \$ \_\_\_\_\_ (*LDS Endorsed Companies should enquire about special rates.*

*Contact the LDA at the above information.) ALL EXHIBITORS SHOULD SUBMIT THE NAMES AND TITLES OF THE COMPANY'S PERSONNEL THAT WILL BE ATTENDING THE EVENT. ATTACH ANOTHER SHEET OF PAPER IF NECESSARY.*

### PAYMENT OPTIONS:

(A) I wish to pay by credit card: (*circle one*)      VISA      MASTERCARD

Name on credit card \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Number \_\_\_\_\_

(B) My check payable to the Louisiana Dental Association is enclosed:      Check Number \_\_\_\_\_

***THANK YOU!***